

# STORMWATER MANAGEMENT PERMIT APPLICATION (LSW101)



102 Town Hall Drive, Leland, NC 28451  
www.townofleland.com

Public Services Department  
Phone 910-371-0148 Fax 910-371-1073

OFFICE USE ONLY		
Date Received	Fee Paid	Permit Number

## I. GENERAL INFORMATION

1. Applicants Name (Specify the name of the corporation, individual, etc. who owns the project):

\_\_\_\_\_

2. Print Owner/Signing Official's Name and Title (Person legally responsible for the facility and compliance):

\_\_\_\_\_

3. Mailing Address for Person Listed in Item 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

4. Project Name (Subdivision, facility, or establishment name. This should be consistent with the project name on plans, specifications, letters, operation, and maintenance agreements, etc.):

\_\_\_\_\_

5. Location of Project (Street address): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Directions to Project (From nearest major intersection): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Latitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " N Longitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " W

8. Contact Person who can answer questions about the project:

Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**II. PERMIT INFORMATION:**

1. Specify whether the project is (check one):     New             Renewal     Modification
  
2. If this application is being submitted as the result of a renewal or modification to an existing permit, list the existing permit number \_\_\_\_\_ and its issue date (if known) \_\_\_\_\_
  
3. Specify the type of project (check all that apply):  
 Low Density             High Density             Redevelopment             Residential     Commercial

**III. PROJECT INFORMATION**

1. In the space below, summarize how stormwater will be treated. Also attach a detailed narrative (one to two pages) describing the stormwater management for this project.

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2. Stormwater runoff from this project drains to the \_\_\_\_\_ River Basin.
  
3. Total Property Area: \_\_\_\_\_ acres    4. Total Coastal Wetlands Area: \_\_\_\_\_ acres
  
5. Total Property Area (3) – Total Coastal Wetlands Area (4) = Total Project Area\*\* : \_\_\_\_\_ acres
  
6.  $(\text{Total Impervious Surface Area} / \text{Total Project}) \times 100 = \text{Project Built Upon Area (BUA)} : \text{_____} \%$
  
7. How many drainage areas does the project have? \_\_\_\_\_

8. Complete the following information for each drainage area. If there are more than two drainage areas in the project, attach an additional sheet with the information for each area provided in the same format below. For High Density Projects, complete the table with one drainage area for each engineered stormwater device.

Basin Information	Drainage Area 1	Drainage Area 2
Receiving Stream Name		
Stream Class and Index Number		
Total Drainage Area (sf)		
On-Site Drainage Area (sf)		
Off-Site Drainage Area (sf)		
Existing Impervious* Area (sf)		
Proposed Impervious* Area (sf)		
% Impervious* Area (total)		

Impervious* Surface Area	Drainage Area 1	Drainage Area 2
On-Site Buildings (sf)		
On-Site Streets (sf)		
On-Site Parking (sf)		
On-Site Sidewalks (sf)		
Other On-Site (sf)		
Off-Site (sf)		
Total (sf):		

*\*Impervious area is defined as the built upon area including but not limited to buildings, roads, parking areas, sidewalks, gravel areas, etc. Total Project Area shall be calculated to exclude Coastal Wetlands from use when calculating the built upon area percentage calculation. This is the area to calculate overall percent project built upon area (BUA).*

9. How was the off-site impervious listed above derived? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IV. DEED RESTRICTIONS AND PROTECTIVE COVENANTS**

The property restrictions and protective covenants in the form listed below, are required to be recorded for all subdivisions, outparcels, and future development prior to the sale of any lot. If lot sizes vary significantly, a table listing each lot number, size and the allowable built-upon area for each lot must be provided as an attachment.

Form LSW102      Covenants

By signing this application, you certify that the recorded property restrictions and protective covenants for this project shall include all applicable items required in the above form, that the covenants will be binding on all parties and persons claiming under them, that they will run with the land, that the required covenants cannot be changed or deleted without concurrence from the Town of Leland, and that they will be recorded prior to the sale of any lot.

**V. SUPPLEMENTAL FORMS**

The applicable stormwater management permit supplemental form(s) listed below must be submitted for each BMP specified for this project. Contact the Town of Leland at (910) 371-3390 for the status and availability of these forms. Forms can also be downloaded from the North Carolina Department of Environmental Quality’s website <https://deq.nc.gov/about/divisions/energy-mineral-land-resources/energy-mineral-land-permit-guidance/stormwater-bmp-manual/forms>

Detention Basin	Dry Extended Detention Basin Supplement
Proprietary Systems	Stormfilter Proprietary Systems Supplement
Rainwater Harvesting	Rainwater Harvesting Supplement
Wet Detention Basin	Wet Detention Basin Supplement
Infiltration Basin	Infiltration Basin Supplement
Infiltration Trench	Underground Infiltration Trench Supplement
Bioretention Cell	Bioretention Cell Supplement
Level Spreader	Level Spreader/Filter Strip/Restored Riparian Buffer Supplement
Wetland	Stormwater Wetland Supplement
Grassed Swale	Grassed Swale Supplement
Sand Filter	Sand Filter Supplement
Permeable Pavement	Permeable Pavement Supplement
Low Density	Low Density Supplement
Off-Site System	Off-Site System Supplement

**VI. SUBMITTAL REQUIREMENTS**

**Only complete application packages will be accepted and reviewed by the Town of Leland. A complete package includes all of the items listed below.**

1. Please indicate that you have provided the following required information by initialing in the space provided next to each item.

Initials

- *Original and one copy* of the Stormwater Management Permit Application Form \_\_\_\_\_
- *Original and one copy* of the Deed Restrictions and Protective Covenants Form (If required as per Part IV above) \_\_\_\_\_
- *Original* of the applicable Supplemental Form(s) and O&M agreement(s) for each BMP \_\_\_\_\_
- Permit application processing fee (see Fee Schedule) payable to the Town of Leland \_\_\_\_\_
- Calculations and detailed narrative description of stormwater treatment/management \_\_\_\_\_
- Copy of any applicable soils report \_\_\_\_\_

- Two copies of plans and specifications (sealed, signed, and dated), including: \_\_\_\_\_
  - Development/Project name
  - Engineer and firm
  - Legend
  - North arrow
  - Scale
  - Revision number & date
  - Mean high water line
  - Dimensioned property/project boundary
  - Location map with named streets or NCSR numbers
  - Original contours, proposed contours, spot elevations, finished floor elevations
  - Details of roads, drainage features, collection systems, and stormwater control measures
  - Wetlands delineated, or a note on plans that none exist
  - Existing drainage (including off-site), drainage easements, pipe sizes, runoff calculations
  - Drainage areas delineated
  - Vegetated buffers (where required)
  
- An electronic copy of all above mentioned forms, documents, and plans \_\_\_\_\_

**VII. AGENT AUTHORIZATION**

If you wish to designate authority to another individual or firm so that they may provide information on your behalf (such as additional information requests), please complete this section. (Ex. Designing engineer or firm)

Designated Agent (Individual or Firm): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**VIII. APPLICANT'S CERTIFICATION**

I, *(print or type name of person listed in General Information, Item 2)* \_\_\_\_\_, certify that the information included on this Permit Application Form is, to the best of my knowledge, correct and that the project will be constructed in conformance with the approved plans, that the required deed restrictions and protective covenants will be recorded, and that the proposed project complies with the requirements of 15A NCAC 2H .1000.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_